



*Office of Substance Abuse*  
*Department of Health and Human Services*

*John E. Baldacci, Governor*

*Brenda M. Harvey, Commissioner*

# **2008 Annual Report**

**[www.maineosa.org](http://www.maineosa.org)**

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## A MESSAGE FROM THE COMMISSIONER

The Maine Office of Substance Abuse has a rich history of innovative and creative work in the field of behavioral health and 2008 was no exception. Across OSA's continuum of services - prevention, intervention and treatment - many milestones have been accomplished.

In Prevention Services, results from the 2008 Maine Youth Drug and Alcohol Use Survey (MYDAUS) have shown a reduction in past 30 day alcohol use by 6th – 12th grade students of 5.5 percentage points since 2000. The implementation of evidence-based substance abuse prevention strategies and programs by 28 Healthy Maine Partnership Coalitions, local prevention agencies, law enforcement agencies and statewide initiatives like the OSA Media Campaign have made a positive impact in Maine communities.

In Intervention Services, the Driver Education Evaluation Program (Prime for Life) in SFY 2008 served more than 3,400 people. Prime for Life Programs were offered in 20 different communities statewide, from Presque Isle to Saco. The Prescription Monitoring Program, a monitoring tool used to assist Health Care Providers and Pharmacists with prescribing scheduled medications, has experienced a steady increase in its enrollment and usage. Enrollment increased by 7 percent and the number of reports requested increased to 23,895. The PMP is a critical tool in helping monitor and reduce addictive medications from being diverted for illegal use.

In Treatment Services, OSA implemented a performance based contracting system with its outpatient substance abuse treatment providers in SFY08. It measures contracted treatment agency performance in meeting established targets for size of service population, timeliness of access to treatment and success in retaining clients in treatment. Agencies can receive incentive payments or financial penalties based on performance. OSA's involvement with the Strengthening Treatment Access and Retention Grant has been crucial in achieving success with the performance based contracting system.

The prevalence of people with co-occurring substance abuse and mental health disorders in Maine's healthcare system ranges between 35 and 80 percent. In some populations, such as the Correctional system, prevalence may be close to 100%. The COSIG (Co-occurring State Infrastructure Grant) grant awarded by the Substance Abuse Mental Health Services Administration in 2005 emphasizes the importance of integrated care which has become a national, best practice mandate. Maine is addressing this challenge head on regardless of the challenges it faces with fiscal and regulatory barriers.

OSA's Advancing Recovery grant is currently focused on the utilization of Medication Assisted Therapy, an evidenced-based practice geared to help clients engage in treatment longer, thus increasing their likelihood of treatment being successful.

The hard working staff at OSA is committed to collaborating with Governor Baldacci, the Legislature and the providers across the state to meet the mission of the Office of Substance Abuse: to enhance the health and safety of Maine citizens through the reduction of the overall impact of substance use, abuse and dependency.



**Brenda Harvey**  
Commissioner  
Maine Department of  
Health & Human Services

## **UNDERAGE DRINKING PREVENTION TOWN HALL MEETINGS**



In the spring of 2008, over twenty communities across Maine held Underage Age Drinking Prevention Town Hall meetings. The Governor declared April to be Youth Alcohol Awareness Month. Communities from Lubec to Norway and from Fort Kent to Old Orchard Beach organized and held public meetings as part of a national effort to increase understanding and awareness of underage drinking and its consequences, and to encourage individuals, families, and communities to address the problem.

The town halls were organized around the recommendations of the U.S. Surgeon General's Call to Action to Prevent and Reduce Underage Drinking. Community organizers worked with local substance abuse prevention, intervention, and treatment providers and coalitions, law enforcement agencies, district attorneys offices, municipal and school administrators, parents, youth and other community members. Key participants across the state included First Lady Karen Baldacci, Attorney General Steve Rowe, Office of Substance Abuse (OSA) Director Guy Cousins, Commissioner of Public Safety Anne Jordan, and DHHS Commissioner Brenda Harvey. More information about the meetings may be found at: <http://www.maine.gov/dhhs/osa/prevention/community/countmein/summit.htm>

## **SUBSTANCE ABUSE PART OF NEW PUBLIC HEALTH INFRASTRUCTURE & HEALTHY MAINE PARTNERSHIPS**

The Healthy Maine Partnership initiative is a joint effort that includes DHHS (Maine Center for Disease Control & Prevention and OSA) and the Maine Department of Education. Annually, OSA is using \$2.1 million from the US Substance Abuse & Mental Health Services Administration, Strategic Prevention Framework State Incentive Grant to target underage drinking, high risk drinking and prescription drug misuse.



OSA's investment in the Healthy Maine Partnership is possible because of the Strategic Prevention Framework State Incentive Grant we successfully applied for in 2004 from the federal Center for Substance Abuse Prevention. Over the past year, OSA has used this funding to:

- conduct retail beverage server trainings;
- educate schools, parents, and businesses about the risks of underage drinking; and
- provide support in changing school, retailer, and other policies in communities throughout the State of Maine.

To learn more about the work of the local HMP's go to: [www.healthymainepartnerships.org](http://www.healthymainepartnerships.org)



## **EVIDENCE BASED STRATEGIES DEVELOPED**

OSA developed evidenced-based environmental strategies in compliance with the Strategic Prevention Framework State Incentive Grant requirement. The development of these substance abuse strategies for the 28 Healthy Maine Partnerships prompted other state level partners, Maine Center for Disease Control and Prevention and the Maine Department of Education, to compile their own lists of evidence-based strategies for objectives covering tobacco, chronic disease, asthma, diabetes, physical activity, nutrition, sun exposure, and coordinated school health. This “menu” of objectives and proven strategies provides community coalitions with a comprehensive approach to address specific priorities identified by OSA, the Maine Center for Disease Control and Prevention and the Department of Education. This collaborative relationship between DHHS and the Department of Education has been of benefit as we attempt to reach every community in the state with key health programming.

## **MAINE’S HIGHER EDUCATION ALCOHOL PREVENTION PARTNERSHIP (HEAPP)**



In April, Maine’s Higher Education Alcohol Prevention Partnership partnered with the Attorney General’s Office and the Bureau of Alcoholic Beverages and Lottery Operations to hold a meeting about underage and binge drinking on college campuses with the presidents of almost all of the colleges and universities in Maine. Issues around alcohol use on campuses, data specific to Maine, and information about prevention strategies to be utilized to combat the problem were discussed.

In the 2008 fiscal year, eighteen of Maine’s 24 colleges/universities participated in a substance abuse prevention capacity and practice assessment process offered by HEAPP and of those, 15 elected to create an action plan to address underage and high-risk alcohol use by college students throughout the academic year.

HEAPP is a statewide partnership of colleges and universities that uses evidence-based prevention and intervention strategies to reduce high-risk alcohol use by college students and its impact upon individuals, campuses, and communities. The project is supported by OSA using federal funding.

## Co-occurring State Integration Initiative (COSII)

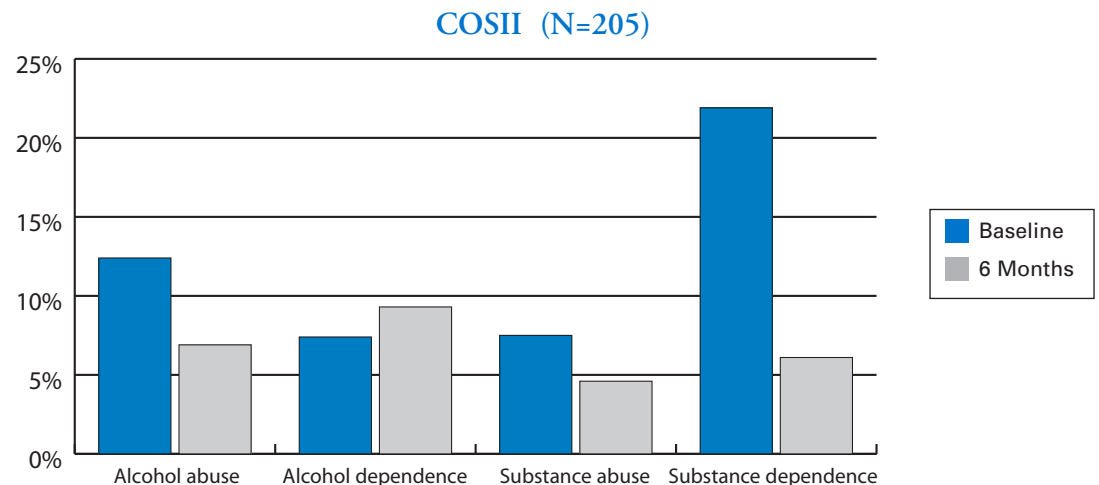


Since November of 2005, OSA has been actively engaged in building a state infrastructure to better serve people with co-occurring mental health and substance abuse disorders. The Co-occurring State Integration Initiative (COSII) is supported by a 3.4 million dollar SAMHSA Co-occurring State Incentive Grant (COSIG). In this third year of its 5 year work plan, the COSII has helped to rewrite Maine Care policy to include co-occurring language and to

promulgate new regulatory language in our OSA licensing standards that supports integrated co-occurring services. COSII developed several policies related to clinical practice and workforce issues. After a pilot process, the Initiative identified an integrated tool for screening for co-occurrence that will be implemented by all providers statewide. Working with 23 pilot sites, COSII has collected extensive data on the co-occurring population and the outcomes of integrated care, much of it indicating positive change. As of July of 2008, almost 900 people were enrolled in the integrated care pilot project. Six month follow up studies provided data, for instance, on changes in levels of substance abuse impairment as a result of integrated treatment.

As part of its effort to maintain the highest fidelity to standards of evidence based care, COSII has reflected OSA's commitment to Recovery Oriented care approaches by engaging a committee of consumers who have published their own booklet "Many Roads to Recovery" for use in outreach to other consumers and providers in the community. COSII looks forward to adding newer mental health and substance abuse service pilot sites to its current roster to further the work of integration and data analysis in the coming year.

COSII follow up interviews are designed to capture substance use in the past 30 days as well as use with impairment. Determination of use with impairment is defined as a client having symptoms of abuse or dependence. As displayed in this Figure overall use with impairment decreased for both alcohol and other substances at the six-month point. Symptoms of substance dependence (as opposed to alcohol dependence) decreased the most notably.







## **USING EVIDENCE BASED PRACTICE TO IMPROVE TREATMENT ACCESS AND OUTCOMES**

OSA is one of two single state agencies to receive both a STAR-SI and AR grant in the fall of 2006. The Strengthening Treatment Access and Retention program, funded by SAMHSA's Center for Substance Abuse Treatment (CSAT) and the Robert Wood Johnson Foundation, is an infrastructure program focused on improving access to and retention in treatment. Advancing Recovery is a collaboration between the Network for the Improvement of Addiction Treatment (NIATx), The Treatment Research Institute (TRI), and the Robert Wood Johnson Foundation (RWJF). Advancing Recovery promotes the use of evidence-based practices for addiction treatment. OSA has used these grant initiatives to improve access and retention in treatment statewide for individuals with addictive disorders and co-occurring conditions. SFY 2008 treatment data in this report reflect gains made with support of these treatment focused grants.

## WHAT IS OUR MISSION?

### ***THE MISSION OF THE MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES***

Our purpose is to provide integrated health and human services that effectively meet the needs of Maine people and communities.

### ***THE MISSION OF THE MAINE OFFICE OF SUBSTANCE ABUSE***

The Maine Office of Substance Abuse (OSA) is the single state administrative authority responsible for the planning, development, implementation, regulation, and evaluation of substance abuse services.

OSA provides leadership in substance abuse prevention, intervention, and treatment. Its goal is to enhance the health and safety of Maine citizens through the reduction of the overall impact of substance use, abuse and dependency.



**TO CARRY FORTH OUR MISSION,  
THE OFFICE OF SUBSTANCE ABUSE WILL:**

- Move the field forward by using effective evidence-based strategies
- Have a full continuum of services accessible to all people in Maine
- Reach out to other fields that overlap/intersect ours
- Make data-driven decisions
- Improve accountability and performance through funding decisions
- Make the creation of web-based access for OSA programs and services a priority
- Increase the visibility and public awareness of OSA goals

# WHOM DO WE SERVE?

## THROUGH PREVENTION

The Prevention Team works to prevent and reduce substance abuse and related problems by providing leadership, education and support to communities and institutions throughout Maine.

In 2008, many local contracts were in place to help build capacity statewide for prevention (see page 16). In addition to local contracts, there were many initiatives at the state level:

- [MaineParents.net](#) – media campaign and other support for parents of Maine teenagers.
- [Substance Abuse and the Workplace](#) – building healthy employees and reducing costs through prevention
- [Inhalant Abuse Prevention Workgroup](#) – integrating inhalant prevention throughout current programs (parent course at [www.inhalantabusetraining.org](http://www.inhalantabusetraining.org))
- [Card ME Program](#) – a program for retailers to enhance in-store policies that limit access of alcohol to youth and visibly intoxicated persons which was launched statewide
- Alcohol and tobacco compliance checks
- Retail Beverage Service trainings for licensed alcohol sellers and servers.
- [Your Substance Abuse Policy: A Comprehensive Guide for Schools](#) – a guide to help schools create an effective substance abuse policy



# WHOM DO WE SERVE?

## THROUGH INTERVENTION

Intervention initiatives target people at risk or in the early stages of problem development in order to reduce recidivism and minimize future problems. Two such programs at OSA are:

Maine's Driver Education and Evaluation Programs (DEEP) are the State of Maine's countermeasures for individuals who have had one or more alcohol- and/or other drug-related motor vehicle offenses. DEEP's programs are designed to provide a therapeutic intervention into the cause of the behavior that resulted in the impaired driving offense in order to prevent future offenses.

Maine's Prescription Monitoring Program (PMP) was established in July 2004 in an effort to better address the rapid acceleration of prescription drug abuse. The PMP is a computerized database into which all prescription data for Schedule II – IV drugs is entered and analyzed for possible excess use. OSA is working with both pharmacies and health care providers to make this reporting system a valuable tool in protecting the health and welfare of the citizens of Maine.

## THROUGH TREATMENT

The Treatment Team provides technical assistance to providers around program development, implementation, and best practices in alcohol and drug treatment programs. Treatment Team representatives are also involved in a wide range of inter-agency workgroups and committees on treatment, evidence-based practices, co-occurring disorders, criminal justice and correctional treatment programming. The treatment team works with the statewide provider network to assure access to a full continuum of quality treatment services.

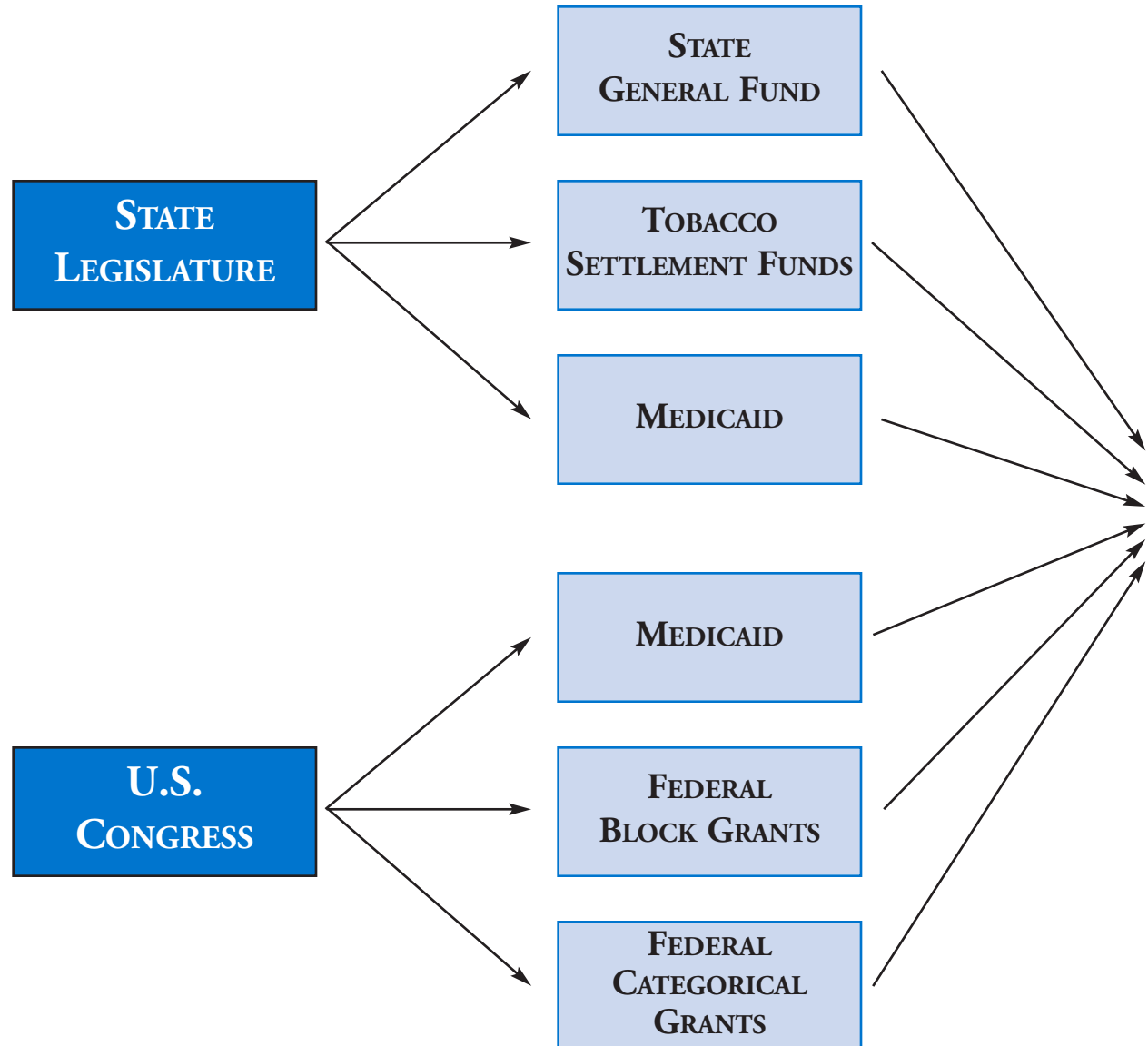
### TREATMENT TEAM PURPOSE

- **Increase access** to quality substance abuse and co-occurring services through collaboration and work across systems and agencies.
- **Provide leadership and support** in the development and maintenance of high quality best practices across a complete continuum of substance abuse/co-occurring services.
- **To develop**, educate, and mentor a competent workforce.

## HOW IS OSA FUNDED?

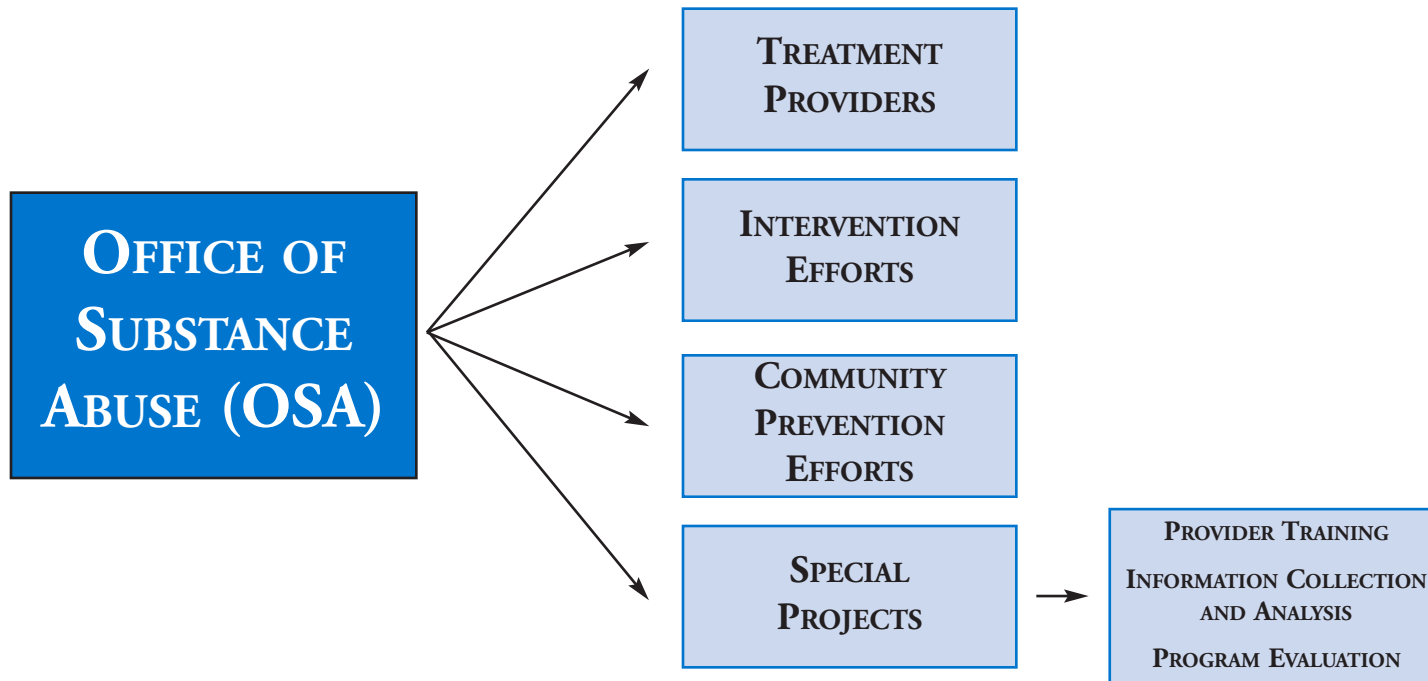
OSA serves as the single state administrative authority for the delivery of substance abuse prevention, intervention, and treatment services.

OSA is responsible for contract management, data collection, quality assurance, policy administration, and professional development.





## HOW DOES OSA USE FUNDS?



OSA provides funds for services through contracts with agencies statewide and provides oversight and technical assistance to contracted agencies.

OSA does not provide any direct services. It also does not provide money directly to individuals to receive services.

# OSA REVENUE & EXPENDITURES

Through contracts with community-based providers, OSA provides a wide range of treatment services in the following categories:

## *Treatment Services*

- Detoxification
- Intensive outpatient
- Outpatient services
- Residential rehabilitation
- Extended shelter
- Extended care
- Halfway house
- Medication-assisted treatment
- Pregnant and parenting women's services
- Treatment for co-occurring mental health and substance abuse disorders
- Juvenile and adult drug treatment court services
- Juvenile and adult treatment in MDOC correctional facilities

## STATEMENT OF REVENUES & EXPENDITURES

Year End Comparison, June 30

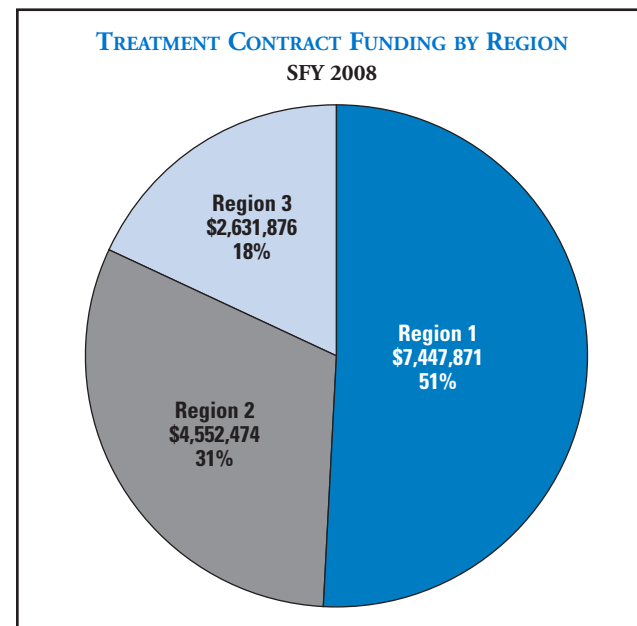
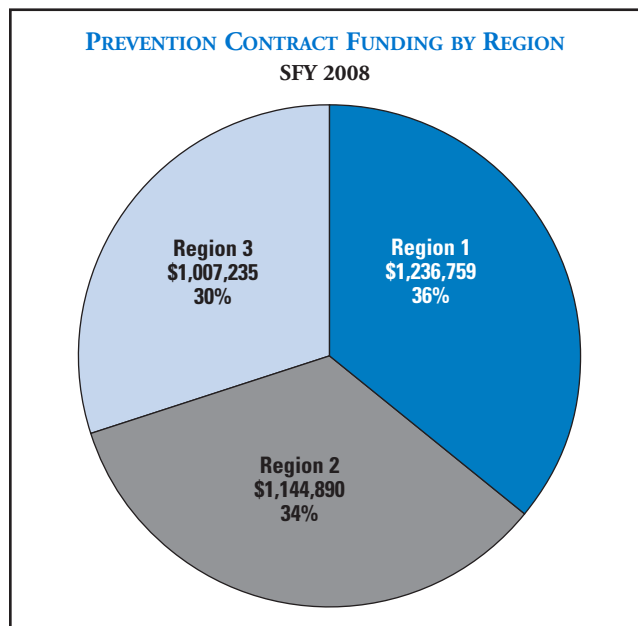
	SFY 2007	SFY 2008
<b>REVENUES</b>		
State General Funds	\$7,068,074	\$6,881,978
Driver Education & Evaluation Program	1,405,930	1,506,179
MaineCare Match - State General Funds	3,987,056	3,761,179
MaineCare Match - FHM Funds	820,974	1,279,845
Federal Categorical Grants	2,935,781	3,806,564
Federal Safe & Drug Free Schools	1,662,541	1,621,869
Federal Substance Abuse Prevention and Treatment Block Grant	6,283,149	6,820,034
Fund for Healthy Maine (FHM)	4,491,444	5,094,899
<b>Total Revenues</b>	<b>\$28,654,948</b>	<b>\$30,772,547</b>
<b>EXPENDITURES</b>		
Grants with Treatment Agencies	\$14,086,978	\$14,297,982
MaineCare State Match - Treatment	4,808,030	5,041,023
Grants with Prevention Agencies	4,226,256	5,259,713
Driver Education & Evaluation Program	1,405,930	1,506,179
Prescription Monitoring Program	189,022	251,135
Provider Agency Training	250,321	317,479
Media Campaign	276,438	421,627
General Operations	3,411,973	3,677,407
<b>Total Expenditures</b>	<b>\$28,654,948</b>	<b>\$30,772,547</b>



## OSA FUNDED TREATMENT AND PREVENTION PROGRAMS BY REGION

	Prevention Programs	Treatment Programs
Region 1 – Southern	24	23
Region 2 – Central and Mid-coastal	20	22
Region 3 – Northern and Downeast	19	15
<b>Total</b>	<b>63</b>	<b>60</b>

Funding by region for these contracted programs is shown below. In addition to these programs, there were numerous specific initiatives throughout the State funded with federal categorical awards, which are reflected in the totals above, but not in the graphs that follow.



Prevention dollars support many local initiatives. In 2008, OSA contracts supported environmental strategies, alternative school and weekend programs, programs for high-risk youth, school curricula, parenting programming, mentoring, coalition building, underage drinking enforcement initiatives, and healthy workplace initiatives.

OSA also provides training and technical assistance as well as information and referral services through the Information and Resource Center, prevention, intervention and treatment team staff.

# PREVENTION SERVICES

## Compliance Checks: Tobacco - Synar

Preventing sales of tobacco to underage youth through random inspections went into effect in 1996 under the requirement of a national law called the Synar Amendment. Maine has consistently had a low youth sales rate. In 2008, the retailer violation rate was 5.8%, well below the national cap of 20%. OSA, Maine Center for Disease Control, and the Office of the Attorney General work together to ensure access to tobacco continues to remain low. As part of the Synar initiative, a merchant education program – No Buts, helps retailers with training to ensure compliance.

## PREVENTION TEAM VISION:

“A public untouched by substance abuse.”

## PREVENTION TEAM MISSION:

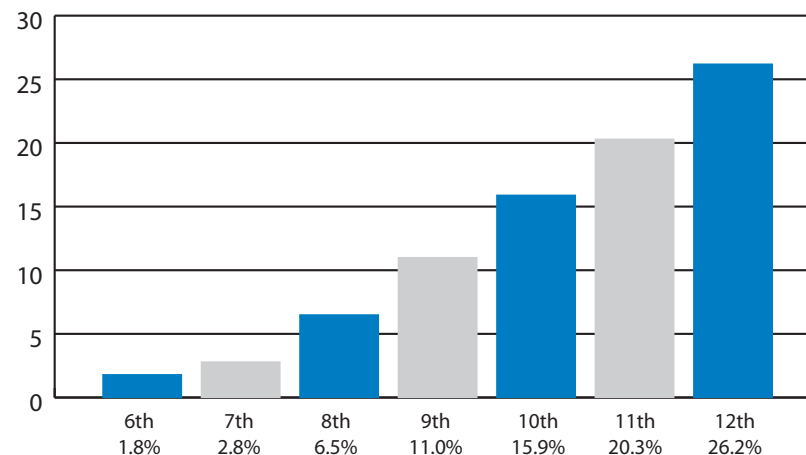
“To prevent and reduce substance abuse and related problems by providing leadership, education and support to communities and institutions throughout Maine.”

Prevention is the active assertive process of creating conditions that promote well-being.

OSA's approach to substance abuse prevention uses evidence-based concepts, tools, skills, and strategies which reduce the risk of alcohol and other drug-related problems.

While OSA's prevention programs cover all segments of the population at risk for drug and alcohol use and abuse, a primary focus is on underage youth, particularly those who have not yet begun to use or are experimenting. Research indicates that youth who start drinking by age 15 are four times more likely to end up alcohol dependent than those who wait until after age 21.

**BINGE DRINKING BY GRADE (in previous 2-weeks) 2008**



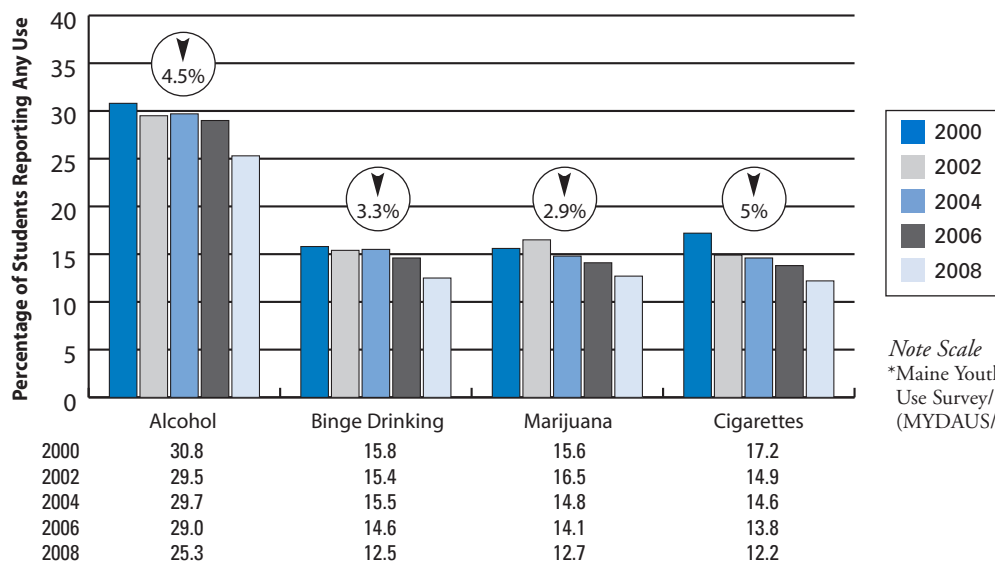
Binge drinking is defined as having 5 or more alcoholic drinks in a row within the 2 weeks prior to taking the survey.

*Note Scale*

\*2008 Maine Youth Drug and Alcohol Use Survey/ Youth Tobacco Survey (MYDAUS/YTS)

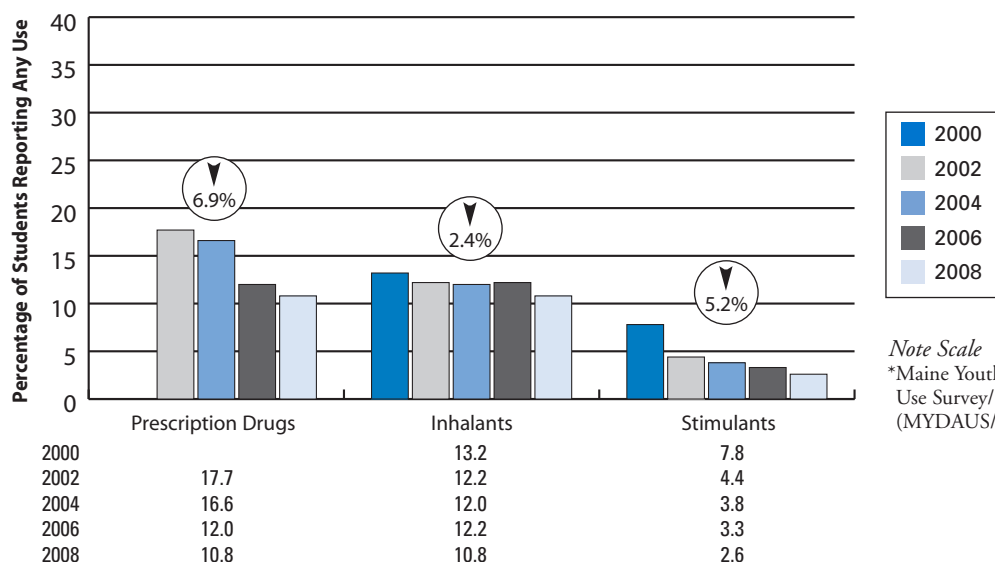


## TREND IN 30-DAY SUBSTANCE ABUSE Binge Drinking in Previous 2-Weeks – Grades 6-12, 2000-2008



Percentage of students who have used the substance within 30 days prior to taking the survey. Binge drinking is defined as having 5 or more alcoholic drinks in a row within the 2 weeks prior to taking the survey.

## TREND IN LIFETIME SUBSTANCE ABUSE Grades 6-12, 2000-2008



Percentage of students who have used the substances at least once in their lifetime.

### Compliance Checks: Alcohol

OSA, the Office of the Attorney General, and the Liquor Licensing and Compliance Division (as a part of the Maine State Police) have worked together to ensure the implementation of the compliance checks. The Maine Sheriff's Association has been contracted by the Office of the Attorney General to conduct the inspections. The inspections are paid through funds from the Enforcing Underage Drinking Laws grant from the U.S. Office of Juvenile Justice and Delinquency Prevention. In state fiscal year 2008, there were 182 citations for liquor violations out of 1682 inspections, yielding an 89% compliance rate.

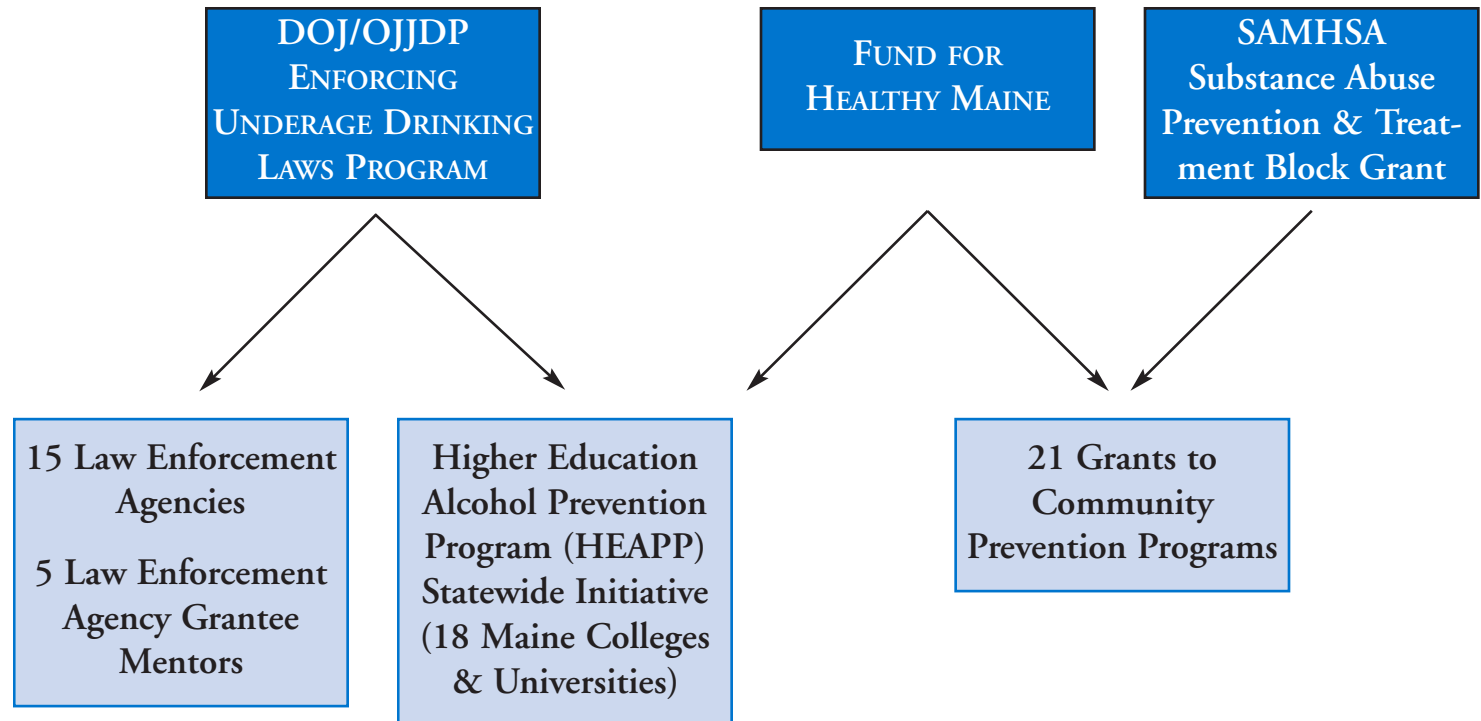
## PREVENTION SERVICES

The Safe and Drug Free Schools Program funds school violence prevention programs. Some highlights from the most recent “Incidence of Prohibited Behavior and Drug and Violence Prevention” report include:

- Maine schools reported a total of 9,754 reportable incidents of substance use or violence in the 07-08 school year.
- Of those incidents, weapons-related incidents were 3% of that total.
- Drug-related policy violations comprised 22% of the total incidents report in all schools.
- A total of 64 bomb threats were reported from 36 Maine public schools or 5.6%.

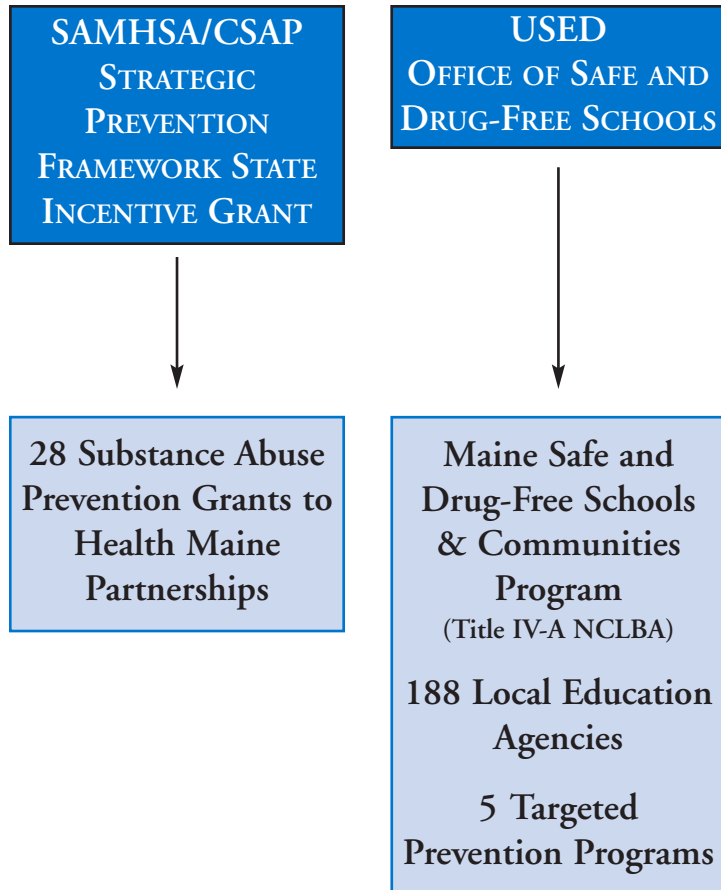
For a complete report, go to [www.mainesdfscs.org](http://www.mainesdfscs.org) and click on “Incident (IPB) Information” at the top.

## LOCAL PREVENTION





## GRANTS 2008



### *Key to Federal Agencies funding substance abuse prevention:*

#### **SAMHSA**

Substance Abuse and Mental  
Health Services Administration  
(U.S. Department of Health and  
Human Services)

#### **SAMHSA/CSAP**

Center for Substance Abuse  
Prevention, Substance Abuse  
and Mental Health Services  
Administration (U.S. Department  
of Health and Human Services)

#### **DOJ/OJJDP**

Office of Juvenile Justice and  
Delinquency Prevention  
(U.S. Department of Justice)

#### **USED**

U.S. Department of Education

### *Law Enforcement*

In SFY 2008, OSA awarded "Strategic Underage Drinking Grants" to 15 law enforcement agencies in Maine – 14 municipal police departments and 1 sheriff's office. Five law enforcement agencies were also chosen to be mentors for 8 of the selected grantees. These grants provided seed funding to develop a comprehensive approach to underage drinking enforcement, including: development of a consistent agency policy on underage drinking, training on liquor laws, public education and awareness, targeted underage drinking enforcement details, and strategies targeting illegal suppliers of alcohol (both retail and social availability).

	SFY 08
Citations of youth for underage possession/transportation/ /fake ID violations/OUI	511
Citations of youth for furnishing alcohol	8
Citations of youth for furnishing a place to drink	17
Citations of adults (21 and over) for furnishing alcohol	14
Citations of adults (21 and over) for furnishing a place to drink	18
Administrative violations referred to Liquor Licensing (i.e. sales to a minor)	2



# INTERVENTION SERVICES

## *Maintaining Gains in Access and Retention*

This year, DEEP continued its partnership with the STAR-SI group in an effort to increase both access to services and the likelihood that the individuals will follow through and successfully complete the prescribed treatment.

STAR-SI (Strengthening Treatment Access and Retention – State Implementation) is a federally-funded project that promotes state-level implementation of process improvement methods to improve access and retention in outpatient treatment.

DEEP's programs were the first change process undertaken by the STAR-SI group, and the data showed that we not only improved our customer service processes, but more importantly, increased access to services for those citizens in need of help who are mandated to seek treatment.

## *The Driver Education and Evaluation Programs (DEEP)*

Maine's Driver Education and Evaluation Programs (DEEP) are the State of Maine's countermeasures for individuals who have had one or more alcohol- and/or other drug-related motor vehicle offenses. DEEP's programs are designed to provide a therapeutic intervention into the cause of the behavior that resulted in the impaired driving offense in an effort to prevent future offenses.

DEEP's charge is twofold:

- 1) To ensure that every impaired driving offender receives education to increase knowledge of the risks of alcohol and drug abuse and to provide the individual with insight into his or her own level of risk, and
- 2) to assess each offender's level of harmful involvement with alcohol and/or other drugs to determine if the offense was an unusual circumstance or if it was the symptom of a larger substance abuse problem.

If the initial assessment finds that the offense may be indicative of a larger pattern of alcohol and/or other drug abuse, DEEP will require that the individual complete a face-to-face clinical substance abuse evaluation and/or treatment services.

At DEEP, we know that an OUI may present a "golden opportunity" for the offender to gain personal insight and to make important lifestyle and behavior changes that will support the health and welfare of the individual as well as ensure that the safety of the citizens of Maine is maintained. DEEP offers programs designed specifically for both adult and underage impaired drivers.

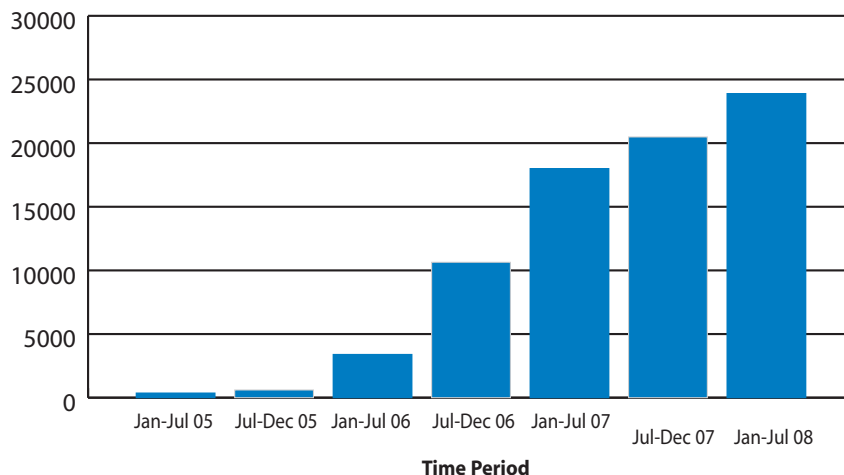
### DEEP PROGRAM PARTICIPATION

JULY 1, 2007 - JUNE 30, 2007

PROGRAM	PARTICIPANTS
RISK REDUCTION PROGRAM (ADULTS)	2,229
OUT OF STATE & ACTIVE MILITARY CLIENTS	336
UNDER 21 PROGRAM	231
DIRECT TO TREATMENT	<u>648</u>
<b>TOTAL:</b>	<b>3,444</b>

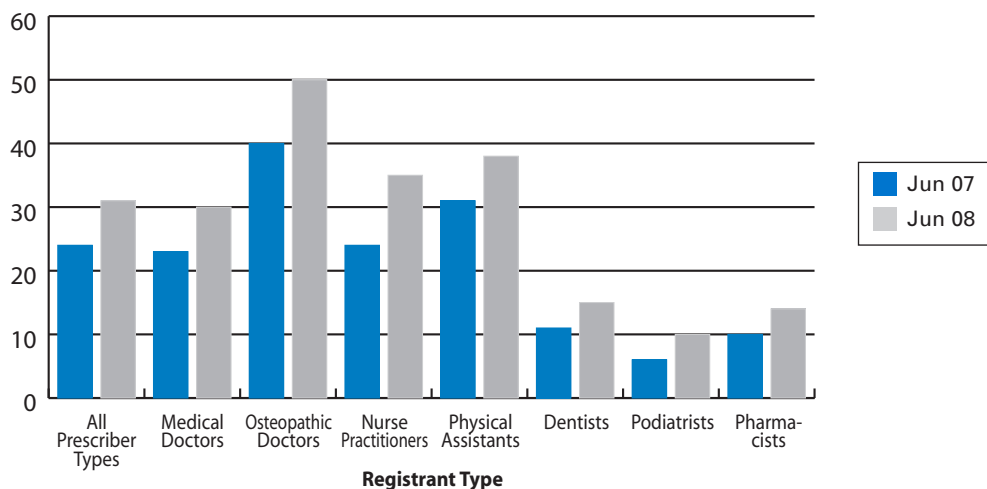
## INTERVENTION SERVICES

### TOTAL PRESCRIPTION MONITORING PROGRAM PATIENT REPORT REQUESTS



One of the main features of the Prescription Monitoring Program is providing patient-specific reports to authorized health care professionals upon request. The chart above shows the rise in the number of reports requested by prescribers and dispensers from January 2005 through June of 2008.

### PRESCRIPTION MONITORING PROGRAM Growth in Proportion of Clinicians Registered to Request PMP Reports



During state fiscal year 2008, a considerable number of clinicians registered to become authorized to request PMP patient reports. Overall, the percent of all prescribers who were registered as requesters of PMP data rose from 24% in June of 2007 to 31% in June of 2008. The largest growth in registration was seen among nurse practitioners (with a 31% rise in registration); the subset of prescribers with the highest proportion registered at the end of SFY 2008 was Osteopathic Doctors (DO's). Growth in registration was seen in all provider subcategories.

#### *Prescription Monitoring Program (PMP)*

The goal of the PMP is to reduce prescription drug misuse in Maine by using the data collected as a tool in patient care for medical providers in the state. In SFY08, the PMP had entries for 2,323,751 prescriptions for Schedule II, III, and IV drugs for Maine residents. There were 544,641 different individuals who had at least one record in the dataset, which means more than a third of the people in Maine filled a prescription for a potentially addictive drug during 2008.

OSA appreciates the close collaboration of Maine Medical Association, Maine Osteopathic Association, Maine Nurse Practitioners Association, and the many other organizations and agencies that help promote the program.

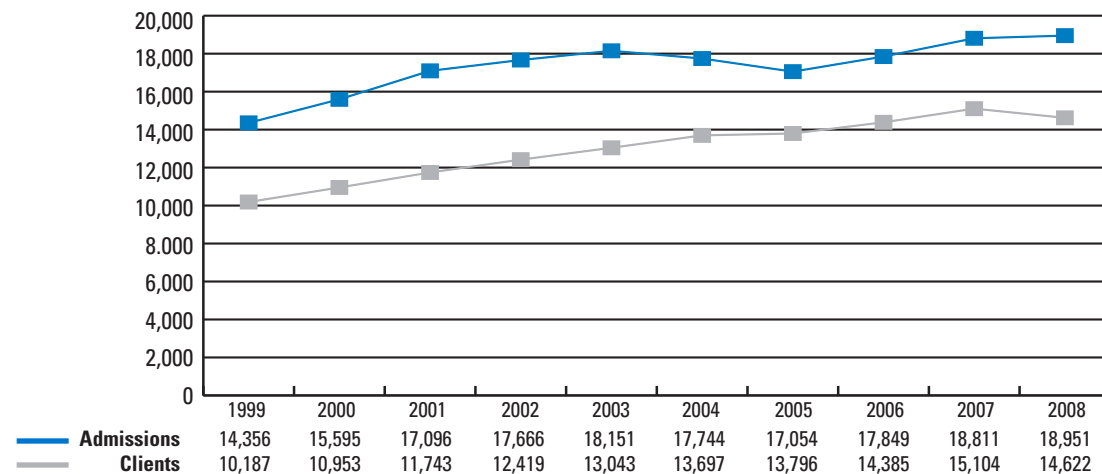


# TREATMENT SERVICES

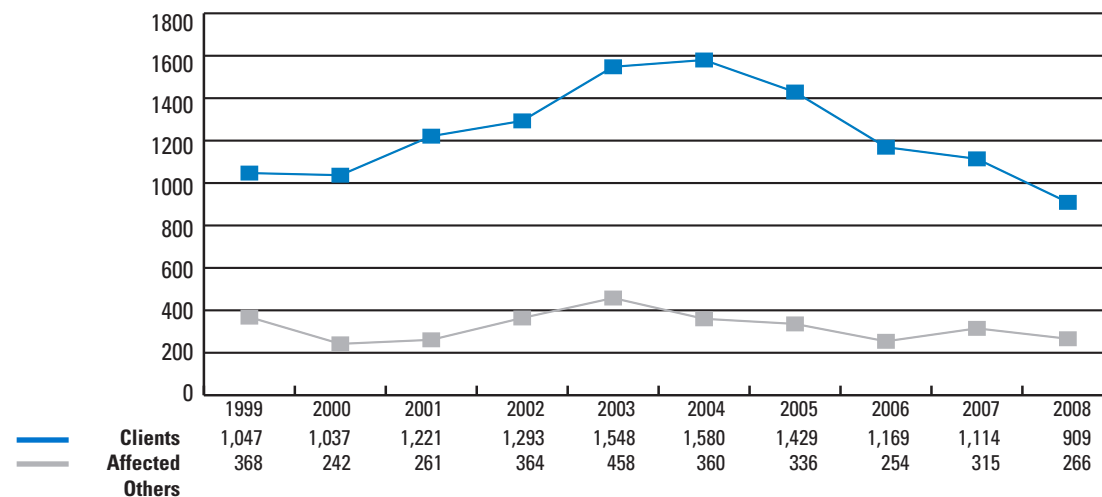
There were 18,951 client admissions representing 14,622 clients in SFY08. The number of admissions has remained relatively consistent over the last three years as the treatment system seems to have reached its capacity. OSA has been working with providers to increase access and retention in treatment using process improvement; this work has allowed us to maintain a steady increase in the number of people provided care within existing capacity and fiscal resources available.

The number of adolescent clients admitted to treatment continues to decrease even though the number of programs available has remained stable. The National Survey on Drug Use and Health identifies Maine as having one of the highest unmet drug treatment needs for adolescents in the country. OSA data indicate that adolescents are receiving treatment services primarily for abuse of marijuana, alcohol, and prescription opiates. Referrals to treatment from all sources have declined over the past four years. OSA will continue to work with treatment providers and others to determine what barriers exist for adolescents and families trying to access treatment services.

## Treatment Admissions, SFY 1999-2008

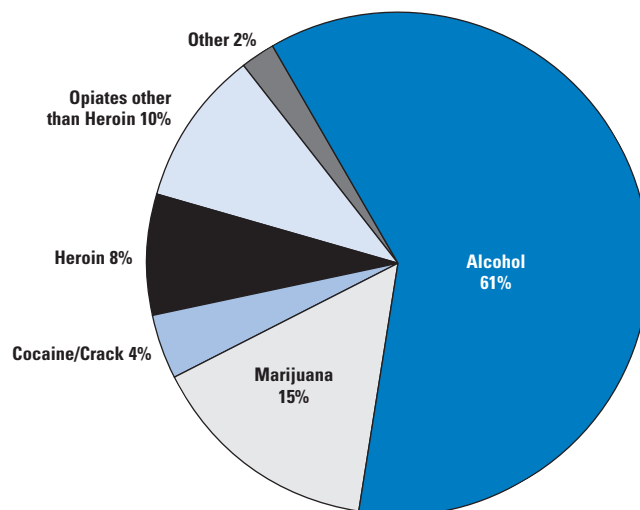


## Adolescent Treatment Admissions (unduplicated), SFY 1999-2008

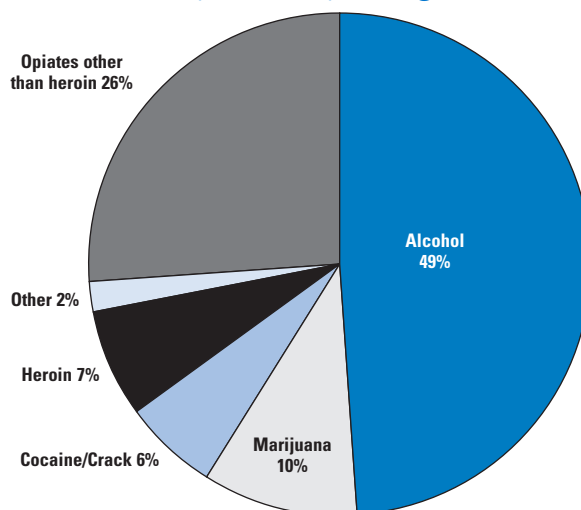




Clients by Primary Drug\*, SFY 2003



Clients by Primary Drug\*, SFY 2008



Funded treatment services include:

- Diagnostic evaluation
- Alcohol and drug detoxification
- Outpatient and intensive outpatient treatment
- Medication assisted treatment
- Short- and long-term residential treatment
- Adolescent outpatient and residential treatment
- Services for pregnant and parenting women
- Treatment for co-occurring mental health and substance abuse disorders
- Juvenile & adult drug treatment court services
- Juvenile & adult treatment in the MDOC correctional facilities

The leading causes for substance abuse treatment admission were alcohol (49%), opiates other than heroin (26%), and marijuana (10%). Since 2003, the proportion of clients admitted for alcohol abuse has decreased from 61% to 49% while the proportion admitted for opiates other than heroin has more than doubled (10% to 26%). The proportion admitted for abuse of marijuana has decreased slightly.

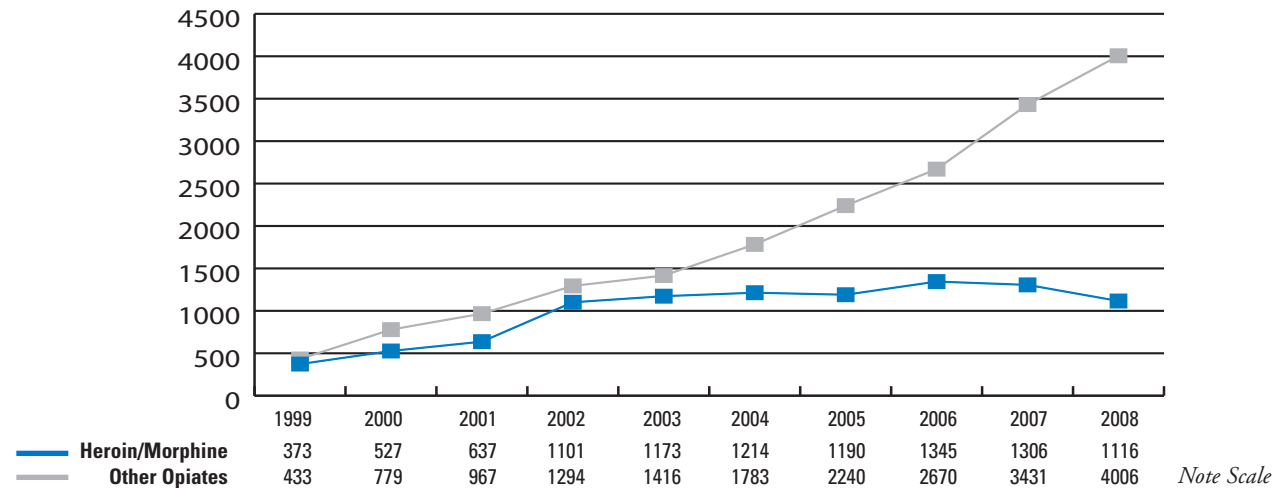
\* The substance identified at admission as the client's primary drug problem.

# TREATMENT SERVICES

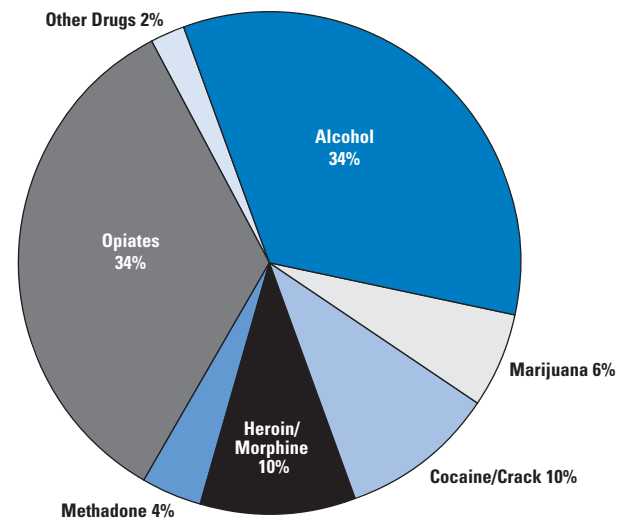
## Differences in Treatment Needs by Gender and Age:

- Alcohol is by far the most common primary drug of abuse among those in treatment.
- The number of treatment admissions among women age 55-85 for alcohol abuse increased from 2000 to 2008.
- Roughly 3 times as many males as females in the 18-25 age groups are treated for marijuana abuse.
- The percent of all clients admitted for heroin/morphine is low (6%) in comparison to other substances and has changed little since 2003.
- Trends for women age 18-45 in treatment reflect high rates of alcohol (34%), prescription opiates (34%), heroin/morphine (10%), and cocaine/crack abuse (10%) in 2008.
- The number of admissions attributed to prescription opiate abuse continues to climb, and doubled between 2004 and 2008. Although this is a trend for both women and men across age groups, it is particularly significant for young women between the ages of 18-25. Between 2004 and 2008, the number of treatment admissions for prescription opiates for women in this age group increased approximately 50%.

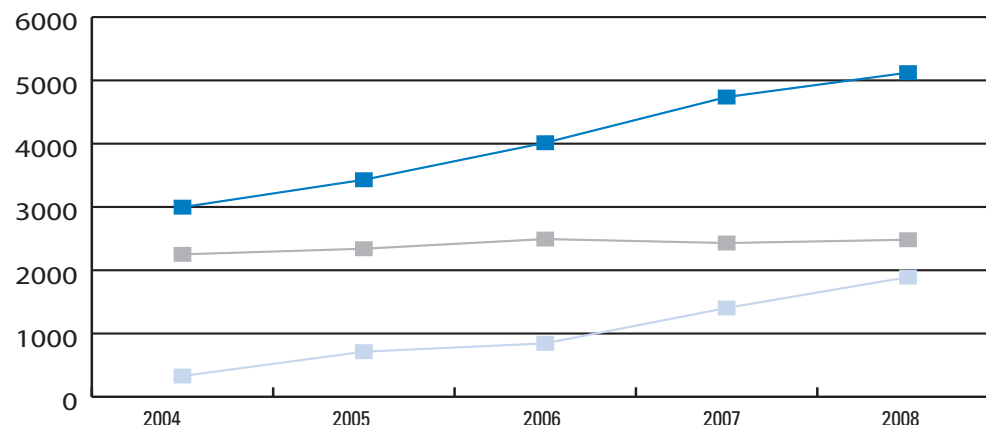
## Opiate Abuse Admissions, SFY 1999-2008



## Women, 18-45 Admissions by Primary Drug, SFY 2008



## Opiate Admissions and Medication Assisted Therapy

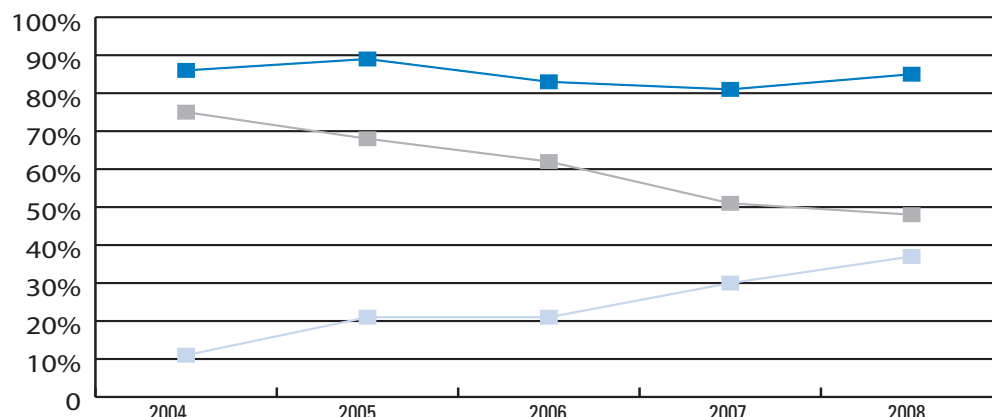


**Total opiate admissions**  
**Number receiving methadone**  
**Number receiving buprenorphine**

2004	2005	2006	2007	2008
2997	3430	4015	4737	5122
2251	2340	2493	2430	2482
329	713	845	1404	1892

*Note Scale*

## Percent of Opiate Admissions Receiving Medication Assisted Treatment (MAT)



**Total receiving MAT**  
**% methadone**  
**% buprenorphine**

2004	2005	2006	2007	2008
86%	89%	83%	81%	85%
75%	68%	62%	51%	48%
11%	21%	21%	30%	37%

*Note Scale*

### Responding to Treatment Needs of Specific Clients:

OSA has implemented a number of best practice strategies since SFY 2000 to address the needs of specific clients and treatment needs. These include Drug Court and Criminal Justice Programming, implementation of the ASAM Placement Criteria in all licensed treatment services, promotion of evidence based practices, support for the use of new FDA approved medications for addiction treatment, and performance based contracts for access and retention in outpatient services.

Significant progress has been made over the last two years in increasing access to treatment for clients with opiate abuse and addiction. This was made possible by work with the RWJF Advancing Recovery Grant which focused on increasing the use of Medication Assisted Treatment (MAT) statewide. Working with four pilot sites and using RWJF and general fund money allocated by the legislature, OSA has expanded access to MAT services for opiate abuse and addiction statewide. This increase is primarily through expanded access to Buprenorphine/Suboxone treatment in licensed substance abuse treatment programs (>15% increase between 2006 and 2008). Access to Opiate Treatment Programs during this same timeframe has remained stable.

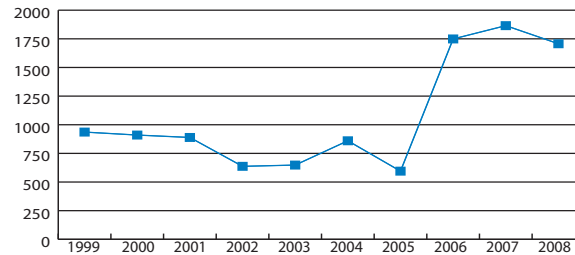


# TREATMENT SERVICES

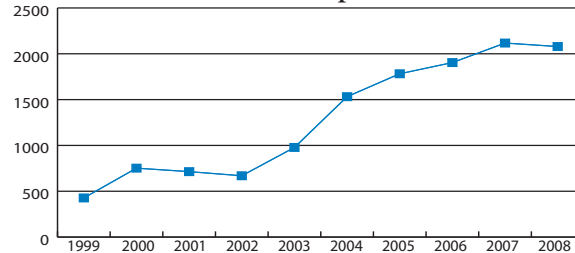
## *Number of Substance Abuse Treatment Clients by Service Setting, 1999-2008*

The number of clients admitted to Intensive Outpatient Treatment (IOP) has more than doubled since 2003, increases in IOP services went from 978 clients in 2003 to 2,079 clients in 2008. This is due in large part to OSA's effort to increase access to the appropriate level of treatment services through process improvement and requiring use of the ASAM placement criteria in all licensed treatment programs.

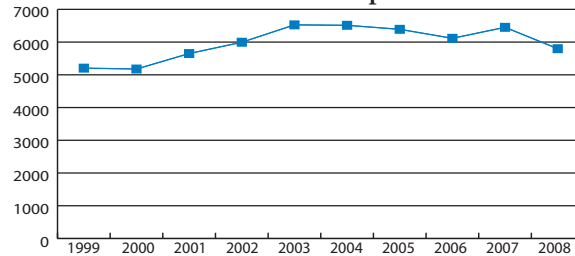
**Detoxification**



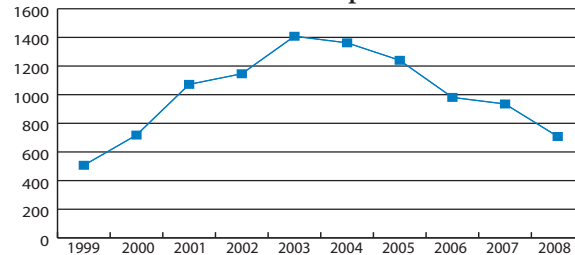
**Intensive Outpatient**



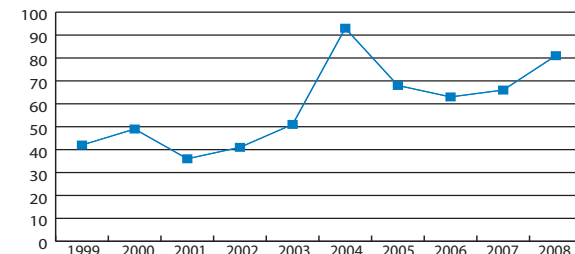
**Non-Intensive Outpatient**



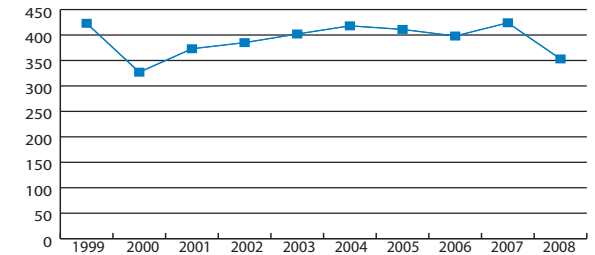
**Adolescent Outpatient**



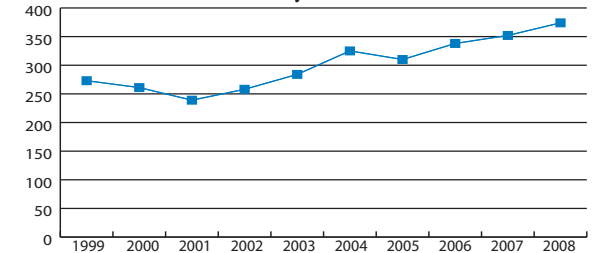
**Adolescent Residential Rehabilitation**



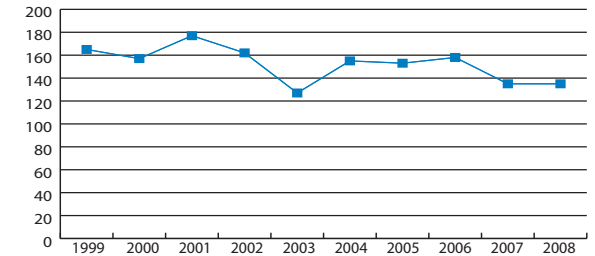
**Short-term Residential Rehabilitation**



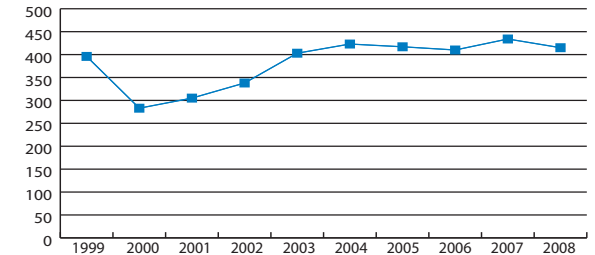
**Halfway House**



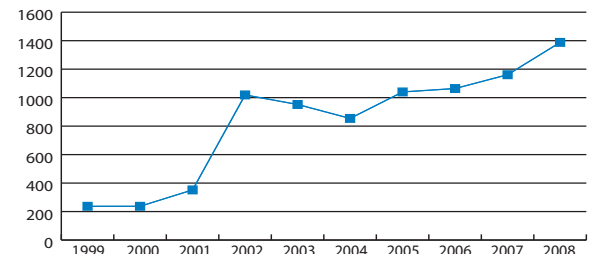
**Extended Care**



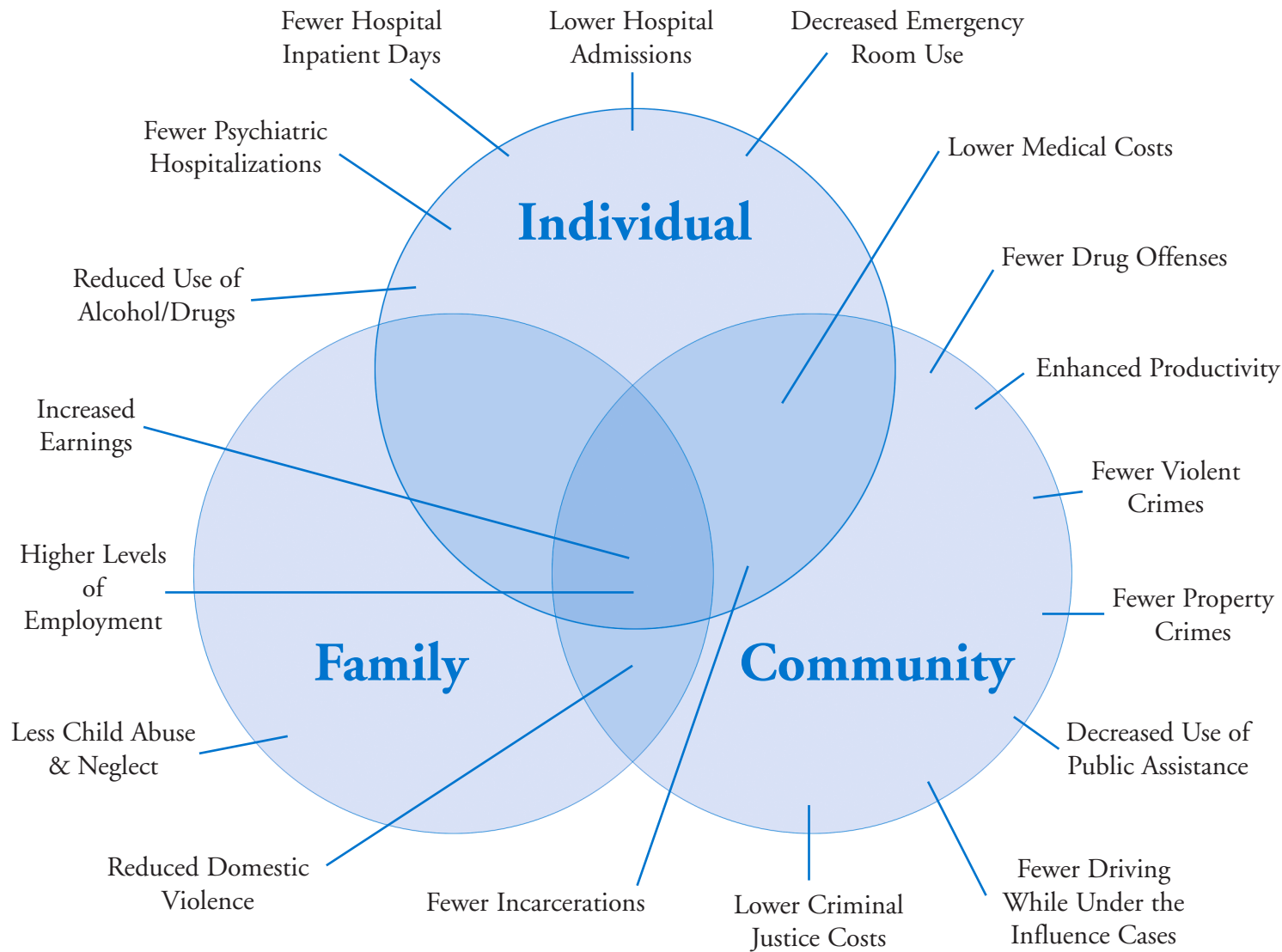
**Extended Shelter**



**Methadone**



## WHEN PREVENTION, INTERVENTION & TREATMENT WORK TOGETHER





# PROGRAM HIGHLIGHTS SFY 2008

## SAFE AND DRUG FREE SCHOOLS PROGRAM

A total of \$1,251,062 was distributed to school districts in 2007-08. Applications were received from 188 Local Education Agencies (LEAs). Allocations ranged from a high of \$72,432 for the largest school system to less than \$1,000 for the smallest school units. Per pupil allocation was approximately \$6.00. These funds supported a variety of prevention-related programs, services and activities including student assistance programs, substance abuse and violence prevention activities, conflict resolution, character education, alternative education, professional development, school security equipment, personnel, and youth suicide prevention. A total of 32 evidence based (model) programs were funded by this program in 27 different school districts during the 2007-08 school year.

## THE MAINE GAMBLING ADDICTION NETWORK

OSA and the Maine Gambling Control Board have worked collaboratively to build the Maine Gambling Addiction Network (MEGAN). The network is comprised of thirty eight licensed professional counselors trained to work with individuals & family members affected by problem gambling. MEGAN has coordinated with the Maine Council on Problem Gambling and 211ME to have their call center staff trained in problem gambling issues so they may provide local help and support to those Maine citizens dealing with gambling problems. 211ME will provide education and informational literature to callers and provide referral connections to counseling professionals who are registered with MEGAN. 211ME will also provide information regarding local self help group meeting such as Gambler's Anonymous (GA).

## SUBSTANCE ABUSE AND THE WORKPLACE

The Office of Substance Abuse workplace program has expanded its reach by partnering with the Maine Center for Disease Control and Prevention and the Maine Department of Education, to develop a comprehensive Worksite Initiative that includes substance abuse prevention.

Together, these state level partners created the worksite framework program using evidence-based strategies and resources to address targeted health risk factors. The initiative will be implemented at the local level throughout the state by 28 Healthy Maine Partnerships, which will convene employers, facilitate planning and implementation as well as provide resources and support.

Participating worksites will complete a web-based inventory that gathers information about the health and wellness of their workplace. From that inventory, a recommended list of strategies is generated that the employer can prioritize by ease of implementation



and effectiveness. The strategies selected by the employer become the company's work plan to address identified risks. The local Healthy Maine Partnership staff assists the employer by providing technical assistance with the web application, and materials and resources.

This collaborative project between the Maine Center for Disease Control and Prevention, Department of Education, and the Office of Substance Abuse provides an added benefit of approaching substance abuse prevention as a component of wellness and makes it more feasible for employers to address substance abuse in the workplace.

### CRIMINAL JUSTICE ADULT INSTITUTIONS SUBSTANCE ABUSE TREATMENT

The OSA Treatment Team actively collaborates with the Maine Department of Corrections (MDOC) in the development of the substance abuse treatment system within the MDOC Adult Institutions.

The treatment for MDOC Adult Institutions is the Differential Substance Abuse Treatment (DSAT) system. DSAT is an evidence based manualized treatment system using motivational enhancement and cognitive based therapy. OSA will receive a SAMHSA Science to Service Award in SFY 2009 for improved treatment outcomes accomplished through implementation of DSAT within the six Maine Adult Drug Courts and the MDOC Adult Institutions.



### EVIDENCE-BASED TREATMENT PRACTICES

OSA continues to support the implementation of evidence-based treatment practices. Current efforts include the following practices:

- Application of the rapid cycle business process improvement model to increase treatment access and retention. OSA is currently sponsoring the use of this model in twenty-two community based treatment providers. Providers had made process improvements that directly improve client access and retention.
- Use of American Society of Addiction Medicine's placement criteria in substance abuse licensed agencies;
- Continued support for training and implementation of manual-based cognitive behavioral therapy, motivational interviewing, and contingency management techniques;
- Increasing access to medication assisted treatment for opiate and alcohol dependence in substance abuse treatment and primary health care settings.

# PROGRAM HIGHLIGHTS SFY 2008

## PROBLEM SOLVING COURT PROGRAMS (DRUG TREATMENT COURTS)

Maine now has 14 state funded problem solving court programs across the state: six juvenile drug treatment courts; six adult drug treatment courts; two family treatment drug courts and a co-occurring drug treatment court (funded by federal grants to the judicial branch). OSA will continue to work collaboratively with the judiciary, Department of Corrections, and child welfare around funding and access to case management and treatment services for clients served by these programs across the state.

## **PUBLIC AWARENESS**

The Information and Resource Center (IRC) offers many materials about substance abuse at no cost to Maine citizens. Books, literature, and pamphlets are distributed free and videos are available to organizations, schools and community groups. In addition, the IRC maintains listings of treatment facilities and support group meetings in Maine. Staff is available to assist with requests for information, referrals to services, and other questions related to substance abuse issues.

In 2008, the Information & Resource Center distributed:

248	Book loans
127,577	Pamphlets/Handouts & Posters
1,443	Sheets printed off the Web to assist users with research requests when they do not have easy access to the web
533	Photocopied information sheets
1,866	Video loans

The Information and Resource Center has a searchable online database that contains the complete library holdings. The library contains videos, DVDs, books, and pamphlets. Borrowers may search online and request items, or call the IRC for help with selecting materials.

For more information, contact the IRC by calling:

**1-800-499-0027**

(in-state only)

or

**207-287-8900**

Email: [osa.ircosa@maine.gov](mailto:osa.ircosa@maine.gov)

Web: [www.maineosa.org/irc](http://www.maineosa.org/irc)



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This information is available in alternate formats upon request.



*Department of Health  
and Human Services*

*Maine People Living  
Safe, Healthy and Productive Lives*

*John E. Baldacci, Governor*

*Brenda M. Harvey, Commissioner*

*For additional copies of this report or  
for any other information related to substance abuse,  
contact the following:*

**Office of Substance Abuse  
Information and Resource Center  
11 State House Station  
Augusta, ME 04333-0011**

**1-800-499-0027 (in-state only) or 207-287-8900**

**TTY: 1-800-606-0215**

**Fax: 207-287-8910**

**Email: [osa.ircosa@maine.gov](mailto:osa.ircosa@maine.gov)**

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